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Date: October 18, 2004
To: Lewis, Michael A. - 2655
Location: United States Patent and Trademark Office
Fax No.:
From: James A. Lamb - 38,529
Subject: 09/803,748- Law et al.

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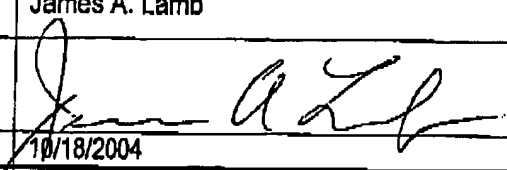
Enclosed herewith, please find an amendment for filing in the below-identified application.

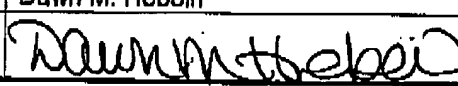
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**EXAMINER: Lewis, Michael A.
GROUP ART UNIT: 2655
SERIAL NO.: 09/803,748
FILED: 03/12/2001
INVENTOR: LAW ET AL.**

TRANSMITTAL FORM	Application Number	09/803,748	
	Filing Date	03/12/2001	
	First Named Inventor	Law et al.	
	Group Art Unit	2655	
	Examiner Name	Lewis, Michael A.	
Total Number of Pages in this Submission		Attorney Docket Number	SC01011AH

ENCLOSURES			(check all that apply)
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below) <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE	
Remarks			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	James A. Lamb	Registration No.	38,529
Signature			
Date	10/18/2004		

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